

Top 8 Tips for Completing a Successful EMI Application

#8: If a prerequisite includes a specific certification, attach a copy of that certification. If it's not attached, the application package is NOT complete.

#7: If a prerequisite includes an education requirement enter that information in Block #10. (Example: Students need to complete Basic HAZUS-MH course before attending the Advanced HAZUS-MH for Flood). Enter in block #10.

#6: Block #13 is required information. List your current position and the number of years experience in the position.

#5: Address the student selection criteria completely in Block #16. For example: if the selection criteria calls for a minimum of 36 months experience, the reviewer is looking for a statement indicating that you have xx months of experience.

Keep in mind that this is where we:

- **DO** want to know what you do that qualifies you for the class you are applying for.
- **DO NOT** want to know how you think you will benefit from this class.

#4: A Job Description does not tell us what experience you have. Elaborate on what you do in your job that matches the selection criteria.

#3: If applicable, attach a Departmental organizational chart showing your highlighted position in the organization.

#2: SIGN YOUR APPLICATION! All signatures **MUST** be on the application for it to be considered complete.

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY GENERAL ADMISSIONS APPLICATION		See Reverse for Privacy Act Statement	O.M.B. No. 1660-0007 Expires February 28, 2007
SECTION I - GENERAL INFORMATION			
1. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		If No, City and Country of Birth:	
2. NAME (Last, First, Middle Initial, Suffix)		3. SOCIAL SECURITY NO.	
4. MAILING ADDRESS (Street, avenue, road no./city or town, state, and zip code)		5. WORK PHONE NO. ()	
		6. HOME PHONE NO. ()	
		7. FAX NO. ()	
		8. E-MAIL ADDRESS:	
9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)		9b. COURSE LOCATION	
		9c. DATES REQUESTED (Please give three choices)	
10. COMPLETE THE ITEM BELOW REGARDING THE PRE-REQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING			
INSTITUTION		DEGREE/CERTIFICATE	DATE EARNED
			COURSE/FIELD OF STUDY
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? NO <input type="checkbox"/> YES <input type="checkbox"/> (If yes, describe & indicate any special assistance required on a separate sheet)			
SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION			
12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		12b. NFIRS # (NFA STUDENTS ONLY)	13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			
14a. JURISDICTION		14b. ORGANIZATION	15. CURRENT STATUS
1. <input type="checkbox"/> STATEWIDE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP/ TRIBAL NATION	7. <input type="checkbox"/> FOREIGN	1. <input type="checkbox"/> PAID FULL TIME
2. <input type="checkbox"/> COUNTY GOVERNMENT	5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)	8. <input type="checkbox"/> DIS/FEMA	2. <input type="checkbox"/> PAID PART TIME
3. <input type="checkbox"/> CITY/TOWN/VILLAGE	6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> NDER/IMA	3. <input type="checkbox"/> VOLUNTEER
			4. <input type="checkbox"/> DISASTER RESERVIST
16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented, indicate your position. If you need more space, please attach a sheet to this application.			
17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.			
17a. PRIMARY RESPONSIBILITY		17b. TYPE OF EXPERIENCE	
1. <input type="checkbox"/> MANAGEMENT	2. <input type="checkbox"/> TRAINING/EDUCATION	3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	4. <input type="checkbox"/> INVESTIGATION
5. <input type="checkbox"/> FIRE PREVENTION	6. <input type="checkbox"/> FIRE SUPPRESSION	7. <input type="checkbox"/> PROGRAM/ACTIVITY	8. <input type="checkbox"/> HEALTH
9. <input type="checkbox"/> PUBLIC WORKS	10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICES	12. <input type="checkbox"/> HAZARD MITIGATION
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	14. <input type="checkbox"/> OTHER (Specify)	1. <input type="checkbox"/> INCIDENT COMMAND	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT
		3. <input type="checkbox"/> SUPERVISION	4. <input type="checkbox"/> BUDGET/PLANNING
		5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	6. <input type="checkbox"/> COORDINATION/LIAISON
		7. <input type="checkbox"/> PUBLIC EDUCATION	8. <input type="checkbox"/> CODE DEVELOPMENT
		9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	10. <input type="checkbox"/> SUPPORT SERVICES
		11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	12. <input type="checkbox"/> ARSON
		13. <input type="checkbox"/> LAW ENFORCEMENT	14. <input type="checkbox"/> DESIGN AND PLANNING
		15. <input type="checkbox"/> OTHER (Specify)	
17c. NUMBER OF YEARS OF EXPERIENCE		17d. SIZE OF DEPARTMENT	
18. DATE OF BIRTH (Mo, Day, Yr.)		19. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
20a. ETHNICITY		20b. RACE (Please check all that apply)	
1. <input type="checkbox"/> HISPANIC or LATINO	2. <input type="checkbox"/> NOT HISPANIC or LATINO	1. <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE	2. <input type="checkbox"/> ASIAN
		3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN	4. <input type="checkbox"/> WHITE
		5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER	
FEMA Form 75-5, AUG 04			
REPLACES ALL PREVIOUS EDITIONS			

SECTION III - ENDORSEMENT AND CERTIFICATION	
21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).	
21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.	
21c. Further, I understand that, National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Center (NTC) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.	
21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.	
SIGNATURE OF APPLICANT	DATE
22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION:	
"By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."	
22a. SIGNATURE	22b. PRINTED NAME AND TITLE

#1: The most important thing to remember is that your application **MUST BE COMPLETE** before it can be processed.